

12/29/00  
JCS06 U.S. PTO0-02-01  
A

PTO/SB/05 (11-00)

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>36</b> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <b>17</b> ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [ Total Pages <b>      </b> ]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> <input type="checkbox"/> Attorney	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 18 completed)</small>		11. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS <small>Citations</small>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76-		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <small>Prior application information</small>		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
Examiner _____		16. <input type="checkbox"/> Request and Certification under 35 U.S.C 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: .....		19. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b> Michael D. Lazzara		<b>Address</b> Kirkpatrick & Lockhart LLP 535 Smithfield Street	
<b>City</b> Pittsburgh		<b>State</b> PA	
<b>Country</b> USA		<b>Zip Code</b> 15222 <b>Telephone</b> 412-355-8994 <b>Fax</b> 412-355-6501	
<b>Name (Print/Type)</b> Michael D. Lazzara		<b>Registration No. (Attorney/Agent)</b> 41,142	
<b>Signature</b>		<b>Date</b> 12/29/00	

Burden Hour Statement. This form is estimated to take 0 2 hours to complete Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

S-09/751287

12/29/00